

INADEQUATE TESTING METHODS

In the Evanston-Oak Park test, initial basic decay rates were found dissimilar, and here again the basic decay rate was not determined for the control city until after fluoridation had commenced in the test city. In the case of Grand Rapids-Muskegon, basic decay rate for Muskegon was not determined until fluoridation had commenced in Grand Rapids. Further invalidation is seen in the fluoridation of Muskegon, the control, midway in the experiment.

No provision to eliminate examiner bias was utilized in the tests. Examination methodology was inconstant. Data was improperly grouped. Fluctuations were disguised in control cities since usually only two DMF studies were done in control cities—one at the beginning and the other at the end of testing periods. The make-up of the examination teams was very inconstant. "Groups" for comparative purposes ranged in number from 1 to over 1800. Weighting could not help but result from the improper grouping of children age-wise. Continuous residence was often merely assumed, or disregarded altogether, and improper and inconstant analytical and statistical adjustment procedures were observed.

Feltman, Kerwin, London, and others (8) have all criticized the DMF yardstick used in these trial tests by examiners, saying that it is unreliable since dental examiners rarely agree on the DMF of a given child.

Paluev (84) gave a highly critical summation of fallacies he observed in the trial at Newburgh-Kingston and Grand Rapids-Muskegon. He said that delays in appearance of decay were recorded as decay reductions, the method of expressing DMF reduction by percentages is fallacious, and the method of averaging DMF reductions is deceiving.

Dillon (85), using the Public Health figures, shows the actual increase in the sound teeth at Newburg as a result of fluoridation was not 77.6%, as stated by the experimenters, but, rather, **only 7.2%**. He shows that the percentage DMF decrease falls rapidly as age advances, and says: "In omitting to compare the rate of deterioration of the dentition before and after fluoridation, Public Health Authorities have omitted to deal with perhaps the most important aspects of caries control."

Klerer (47) also criticizes these tests and concludes, as do Dillon, Paluev, Sutton, etc., that the manipulation of data by official Public Health evaluators is so flagrant as to make ridiculous the claim of an average 60-70% reduction of decay by fluoridation. He says that the most that can be proven by these tests is a slight delay in the time of appearance of decay.

PUBLIC RESISTANCE TO FLUORIDATION GREATER NOW THAN EVER

That fluoridation is unpopular is shown by the many cities which have discarded it after trial periods. Referenda, where people are given a chance to accept or reject it beforehand, more often than not, result in rejection.

People can understand compulsory mass medication where communicable disease is involved, but they cannot see forced ingestion of any cumulatively poisonous material by 100% of people in order to benefit the less than 10% who are 8 years and under. They say fluoridation is a form of government medicine by edict—bureaucracy at its worst. Is it any wonder that they yell "rat poison," and worse, when they know that Public Health officials have made mistakes in the past.

FLUORIDATION—MAY IT PASS TOO

They remember when iodine was recommended for addition to water supplies to combat goiter. They also remember that it had to be discontinued, after trial, when it was seen that iodine made some goiters much worse. For years the Public Health condoned the use of di-ethyl stilbestrol, a synthetic female hormone used for fattening poultry and beef cattle, in spite of the fact that scientists warned of its cumulative build-

up and carcinogenic action in humans (52). Now, it has belatedly been banned. It is to be hoped that fluoridation, the pollution of potable waters with a cumulative poisonous material, more toxic than arsenic or lead, will suffer a similar fate. **People would like the privilege of selecting "their own poisons."**

The unpopularity of fluoridation in scientific circles is not quite as readily apparent, possibly since this seems to be the "age of conformity", wherein even scientists dislike being called names because they disagree with commonly expressed views. At the 19th Eastern States Health Education Conference, New York City (86), one very scientific proponent, a sociologist, said opponents of fluoridation could be characterized largely as lower middle-class persons, disturbed over their rank in society. "They belong to the so-called radical-right that tends to support Fascist and Neo-Fascist movements and to oppose authority in general," he said. A second proponent, a psychiatrist, pictured opponents as: "Individuals who just oppose . . . the sort of person who would scratch a match across a 'No Smoking' sign." I include these last two remarks merely to demonstrate the sort of atmosphere engendered by the **emotionalism and name-calling proponents**. In the face of such "scientific reasoning", is it any wonder that scientific men opposing fluoridation, or having mental reservations with regard to it, are often reluctant to be classed among the "nit-wits"?

Some of the distinguished physicians, dentists and scientists who express criticism of fluoridation are:

Jonathan Forman, MD, former editor of the Ohio State Medical Journal.

A. Benagiano, Professor and Director, George Eastman High Institute of Odontology, Rome, Italy.

Geoffrey Dobbs, Ph.D, ARCS, Microbiologist, College of North Wales, Great Britain.

Phillip R. N. Sutton, D.D.Sc., Oral Medicine and Surgery, Dental School, University of Melbourne.

Charles Dillon, D.D.S., L.D.S., Inverness-Shire, Scotland.

T. Gordonhoff, M.D., Berne, Switzerland.

Simon Beisler, M.D., Chief of Urology,

Roosevelt Hospital, N.Y.C.

Alfred Taylor, Ph.D., Biochemist, University of Texas.

Clive McCay, Ph.D., Professor of Nutrition, Cornell University.

F. B. Exner, M.D., F.A.C.R., Past President, King County Medical Society, Washington.

Reuben Feltman, D.D.S., Passaic General Hospital, Passaic, N.J.

Dr. Hugh Sinclair, Oxford University, England.

George L. Waldbott, M.D., Allergist, Detroit, Michigan.

Arthur C. Ford, D. Eng., President, Board of Water Supply, City of New York.

The foregoing list of names is given not to impress readers with the number of scientists opposing fluoridation, but rather the **quality** of opponent scientists.

In summation of the facts apparent on consideration of material presented in this report we might say:

1. Fluorides are nonessential to humans and they do not improve water.

2. The toxicity of fluorides is of higher order than arsenic or lead in all three respects: (1) Acute, (2) Allergic, and (3) Chronic-cumulative.

3. There is no such thing as a "safe level of fluoride" in water. Therefore, the "optimal" level is **zero**.

4. Due to cumulative action, harm results from fluorides at any level of intake.

5. Evidence purporting to demonstrate decay reduction by fluoride is unscientifically founded.

6. Fluoridation of potable public waters is mass-medication and is generally unpopular.

THE SOLUTION TO THE PROBLEM

Administration of fluorides to humans is without proven benefit in caries prophylaxis. In addition, we may be certain that some harm will accrue to at least a segment of the population under fluoridation of public drinking water. It, therefore, seems unwise to recommend fluoride use to anyone.

It must be recognized, however, that some individuals will, nonetheless, desire to be fluoridated. The need, then, is for a more

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To Whom It May Concern:

I, Oliver Kenneth Goff, was a member of the Communist Party and the Young Communist League, from May 2, 1936, to October 9, 1939. During this period of time, I operated under the alias of John Keats and the number 18-B-2. My testimony before the Government is incorporated in Volume 9 of the Un-American Activities Report for the year 1939.

While a member of the Communist Party, I attended Communist underground training schools outside the City of New York; in the Bues Hall, and 113 East Wells Street, Milwaukee, Wisconsin. The East Wells Street School operated under the name of the Eugene Debs School. Here, under the tutoring of Eugene Dennis, M. Sparks, Morris Childs, Jack Kling and others, we were schooled in the art of revolutionary overthrow of the established Government.

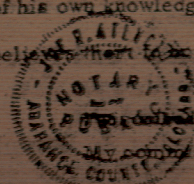
We were trained on how to dismantle and assemble mimeograph machines, to use for propaganda purposes during the revolution; how to work on guide wires and fuel lines of airplanes so that they would either burst into flames or crash to the ground because of lack of control; how to work on ties and rails to wreck trains; and also the art of poisoning water supplies.

We discussed quite thoroughly the fluoridation of water supplies and how we were using it in Russia as a frank-quilizer in the prison camps. The leaders of our school felt that if it could be induced into the American water supply, it would bring about a spirit of lethargy in the nation; where it would keep the general public docile during a steady encroachment of Communism. We also discussed the fact that keeping a store of deadly fluoride near the water reservoir would be advantageous during the time of the revolution, as it would give us opportunity to dump this poison into the water supply and either kill off the populace or threaten them with liquidation, so that they would surrender to obtain fresh water.

Oliver Kenneth Goff
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STATE OF COLORADO)
) SS
COUNTY OF ARAPAHOE)

OLIVER KENNETH GOFF, being first duly sworn upon his oath, deposes and says that he has the above and foregoing instrument and knows the contents thereof, and that the same are true of his own knowledge except as to those matters stated on information and belief and as to those he believes them to be true.



Oliver Kenneth Goff
A. D., 1957.
Joe P. Hansen
Notary Public